## PART B -FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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Chippent correspondence in the property of the pr

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  30678  CONNOLLY BOVE LODGE & HUTZ LLP 1875 Eye Street, NW Suite 1100  Washington, DC 20006					Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.  Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
							(Depositor's name)	
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APPLICATION NO. FILING DATE FIR			INST NAMED INVENTOR		COR	ATTORNEY DOCKET NO		
10/591,832	11/30/2006	Daniel Lecomte			<u> </u>	27592-01120-US1	4622	
TITLE OF INVENTION: METHOD AND SYSTEM FOR THE SECURE DISTRIBUTION OF COMPRESSED DIGITAL TEXTS								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICA	ATION FEE	TOTAL FEE(S) DUE	DATE DUE	
Non-Provisional	No	\$1,510.00		\$30	00.00	\$1,810.00	03/07/2011	
EXAMINER		ART UNIT CLA		CLASS-S	SUBCLASS			
L. Chai			31 380-042000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached.  Use of a Customer Number is required.			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 Connolly Bove Lodge & Hutz LLP					
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
Querell Data Limited Liability Company Dover, Delaware								
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual X Corporation or other private group entity Government								
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):								
X Issue Fee A che				check in the amount of the fee(s) is enclosed.				
X Publication Fee (No small entity discount permitted) X Payment by C					card.			
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Authorized Signature /Jeffrey W. Gluck/						Date	March 4, 2011	
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